

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHS/PHS

Division/Unit: TB Control

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol	4	Hours	260	X	\$18.04	=	\$4,690.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Enter data, edit reports, research, collect information as part of referral process

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					\$0.00
					\$0.00

No. Vol	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>4</u>	<u>260</u>	<u>\$4,690</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS	4	Total Hours	260	Total Value	\$4,690.00
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: Toys/ Used and New Value: \$400.00

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$400.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 35 X Rate \$33.62

\$1,176.70

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

\$0.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,176.70

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$4,690.40

b. Total of Donations to Volunteer Program, Item 3 \$400.00

c. Subtract Total of program Costs, Item 4d \$1,176.70

TOTAL PROGRAM BENEFIT:

\$3,913.70

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6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of person completing report: Jani Dubski

Phone: 619-692-8629 Mail Stop: P511D E-Mail: janette.dubski@sdcounty.ca.gov

Volunteer Coordinator: Donna Banks

Phone: 619-692-8621 Mail Stop: P511D E-Mail: donna.banks@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

Janette R. Program Manager
DEPARTMENT HEAD SIGNATURE

July 10, 2006
DATE

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